

Note: This is a sample
template, it is not
an OMB approved
form.

Universal 911 Dialing- First Transition Report

Please read instructions before completing

Section 1

Carrier Identification Information

Parent Company Name

Peoples Rural Telephone Cooperative Corporation, Inc.

Service Provider Name

Same

Company Address, City, State, Zip

P.O. Box 159
McKee, KY 40447

Service Provider Type

☐ Wireless

☒ Wireline

Name(s) of Wireless License Holder(s)

N/A

Contact Name

Keith Gabbard - Manager

Contact Tel #

606-287-7101

Fax #

606-287-8332

E-mail Address

kgabbard@prtcnet.org

Section 2

Local Area 911 Implementation

List all individual local areas covered by this report (e.g., Lee County, Virginia):

Owsley County Kentucky

(a) For each area listed above, identify the emergency response point to which 911 calls will be routed.

No emergency response point has been identified at this time.

(b) For each area listed above, provide details of the carrier's progress in completing translation and other work necessary to route 911 calls to the identified emergency response point.

The Owsley County Fiscal Court is currently working on a establishing a PSAP. However, we are ready to transmit all 911 calls as soon as this PSAP is established.

(c) For each area listed above, provide the date or projected date that transition to the 911 abbreviated dialing code will be completed.

There are no suggested dates at this time.

Section 3
911 Implementation Problems

(a) Describe any problems the reporting carrier has encountered in identifying 911 number call routing points. Describe any other operational problems carrier has experienced during the initial transition stages.

The state or county has not given any PSAP or state default PSAP at this time.

(b) Where the reporting carrier has experienced 911 implementation problems, describe any efforts the carrier has made to coordinate with public safety agencies and state and local authorities.

We are coordinating with the County Judge to help them resolve any problems they are experiencing. They are, however, indicating they cannot financially afford a PSAP.

Section 4

Certification - To be signed by an authorized representative of the reporting entity

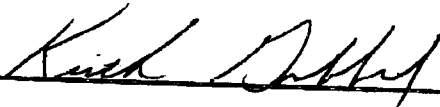


I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and accurate statements of the affairs of the above-named company.



I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and that the reporting entity has completed the steps necessary to properly route 911 emergency calls in the localities covered by the report as of _____.

Signature



Printed name of authorized representative

Keith Gabbard

Title

Manager

Date

March 11, 2002

This filing is:

original filing

revised filing

PERSONS MAKING WILLFULL FALSE STATEMENTS IN THIS DOCUMENT CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001.